6-15-04

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

(703) 746-4000





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**SMITH & HOPEN PA** 15950 BAY VISTA DRIVE **SUITE 220** CLEARWATER, FL 33760



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Deborah P <del>reza</del>	(Depositor's name)
- Joseph Tran	(Signature)
June 14, 2004	(Date)

1	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/035,919	10/18/2001	Michael J. Scaggs	1443.05	2164	

TITLE OF INVENTION: INTRA-CAVITY BEAM HOMOGENIZER RESONATOR

APPLN, TYPE	APPLN. TYPE SMALL ENTITY ISSUE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$665	\$300	\$965	07/12/2004	
EXA	MINER	ART UNIT	CLASS-SUBCLASS	7		
- MENEFEI	E, JAMES A	2828	372-057000	<b></b>		
Change of correspondence R 1.363).	ce address or indication of "F		2. For printing on the patent front par names of up to 3 registered patent	attorneys or 1 Anto	n J. Hopen	
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			agents OR, alternatively, (2) the name firm (having as a member a registers	d attorney or 2 Moll	y L. Sauter	
☐ "Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required.	tion (or "Fee Address" Indica or more recent) attached. Us	tion form	agent) and the names of up to 2 reg attorneys or agents. If no name is lis will be printed.		h & Hopen, P	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

Coherent, Inc.

# Santa Clara, California

Please check the appropriate assignee category or category	gories (will not be printed on the patent);	u individual	Corporation or other private group entity	☐ government
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):			
X Issue Fee	X A check in the amo	unt of the fee(s)	is enclosed.	
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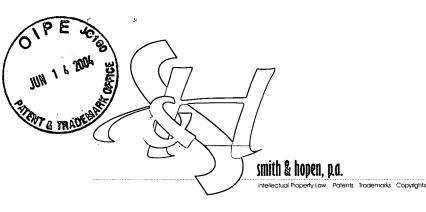
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NOTE, The	Issue	Fee	and Pu	blica	itibi	Fee (if required)	will not	be accepted	from anyone

other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents. Alexandria Virginia 22313-1450. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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06/17/2004 HVUONG2 00000052 10035919



June 14, 2004

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Applicant: Michael J. Scaggs

Serial No.: 10/035,919 Filed: 10/18/2001

For: Intra-Cavity Beam Homogenizer Resonator

Our Reference No.: 1443.05

Art Unit: 2828

Examiner: James A. Menefee Confirmation No.: 2164

## Dear Sir:

Enclosed please find the following:

- 1. Transmittal of Payment of Issue Fee having a Certificate of Mailing dated June 14, 2004;
- 2. Form PTOL-85b;
- 3. Check No. 0849 in the amount of \$965.00, payable to Assistant Commissioner for Patents;
- 4. Transmittal of Formal Drawings having a Certificate of Mailing dated June 14, 2004;
- 5. Two (2) pages of formal drawings; and
- 6. Self-addressed and postage pre-paid post card to serve as a receipt for items 1-5.

Very respectfully,

By: Anton J. Hopen

anton.hopen@smithhopen.com

AJH/dp Encl.

### CERTIFICATE OF MAILING (37 C.F.R. 1.10)

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Date: June 14, 2004

Deboran Preza

# P Eprestitioner's Docket No: 1443.05

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Application of: Michael J. Scaggs

Serial No.: 10/035,919

Art Unit: 2828

Filed:

10/18/2001

Examiner: James A. Menefee

Confirmation No. 2164

For:

Intra-Cavity Beam Homogenizer Resonator

Mail Stop ISSUE FEE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

# TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. 1.311)

1. Applicant hereby pays the issue and publication fees for the attached Issue Fee Transmittal PTOL-85.

2. Fee (37 C.F.R. 1.18(a) and (d)):

Regular

Application status is Small Entity—fee:

\$965.00

3. Payment of fee:

Reg. No. 41,849

Tel. No.: (727) 507-8558

Enclosed please find Check No. 0849 for \$965.00

SIGNATURE OF PRACTITIONER

Anton J. Hopen

Suite 220

15950 Bay Vista Drive Clearwater, FL 33760

CERTIFICATE OF MAILING

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Dated: June 14, 2004

Deborah Preza